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North Carolina

Medicaid Pharmacy

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1-800-688-6696 or 919-851-8888

Policy and Procedures for Prescribing Synagis for RSV Season 2005-2006

For the upcoming RSV season, Synagis will not require prior approval (PA) for Medicaid recipients. However, the responsibility for appropriate usage of Synagis will be placed on prescribers and pharmacy providers. The clinical criteria utilized in this policy are consistent with currently published American Academy of Pediatrics guidelines (<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;112/6/1442>). Please ensure that the person completing the Synagis criteria form has verified that the conditions exist and are accurate. If a patient does not fit the published criteria and you still wish to prescribe Synagis, you must submit your request to DMA on the *Request for Medical Review for Synagis Outside of Criteria* form and fax the request to DMA at 919-657-8843.

The start of the Synagis season is October 15, 2005. **No more than 5 monthly doses of Synagis can be obtained by using these forms. The number of doses should be adjusted if an infant received the first dose prior to a hospital discharge.** Delays in getting a request processed can occur if the patient does not have a Medicaid identification number or the form is not complete.

The criteria form must be signed by the prescriber and submitted to the pharmacy distributor of choice. The pharmacy distributor must mail a copy of the submitted form to DMA. Please mail to:

**N.C. Division of Medical Assistance
Pharmacy Program
1985 Umstead Drive
2501 Mail Service Center
Raleigh, N.C. 27699**

The Request for Medical Review for Synagis Outside of Criteria form must be signed by the prescriber and faxed to DMA at 919-657-8843.

Please refer to the following guidelines when submitting a request:

- **For the following four diagnoses, DOB must be on or after 10/15/03:**

Chronic Lung Disease (Bronchopulmonary Dysplasia)

The infant has Chronic Lung Disease (bronchopulmonary dysplasia) and has necessitated treatment (supplemental oxygen, bronchodilator, diuretic, corticosteroid) in the six months before the start of the season.

Hemodynamically Significant Congenital Heart Disease

Infants less than 12 months of age who are most likely to benefit include those receiving medication to control CHF, moderate to severe pulmonary hypertension, and/or cyanotic heart disease.

Infants NOT at increased risk from RSV who generally should NOT receive immunoprophylaxis include: hemodynamically insignificant heart disease such as secundum atrial/septal defect, small VSD, pulmonic stenosis, uncomplicated

aortic stenosis, mild coarctation of the aorta, PDA, lesions adequately corrected by surgery unless the infant continues on medication for CHF, mild cardiomyopathy where the infant is not receiving medical therapy.

Cystic Fibrosis

The infant has Cystic Fibrosis and either requires chronic oxygen or has been diagnosed with nutritional failure.

Severe Congenital Immunodeficiency

Severe combined immunodeficiency disease or severe acquired immunodeficiency syndrome.

▪ **Infant is born at an EGA of:**

≤ 28 weeks and DOB is on or after 10/15/04
29-32 weeks and DOB is on or after 4/15/05

▪ **If born between 32 weeks and 1 day and 35 weeks and 0 days gestation, must be less than 6 months of age (DOB on or after 4/15/05) at the start of the season and have two or more defined risk factors:**

- ☐ School-age Siblings
- ☐ Attends Day Care
- ☐ Severe Neuromuscular Disease
- ☐ Exposure to prolonged wood burning heaters which are the primary source of heat for the family. Tobacco smoke is NOT a risk factor because it can be controlled by the family.
- ☐ Congenital abnormalities of the airways.

▪ **Request for Medical Review for Synagis Outside of Criteria**

This form will be used for patients who do not explicitly meet the guidelines whose providers still wish to prescribe Synagis. Please fill out the requested information and fax to DMA at 919-657-8843. PLEASE NOTE THAT THIS IS THE ONLY FORM THAT PRESCRIBERS SHOULD FAX TO DMA.

Medicaid will allow Synagis claims processing to begin on October 10, 2005 to allow sufficient time for pharmacies to provide Synagis by the start of the season on October 15, 2005. Payment of Synagis claims prior to October 10, 2005 and after March 15, 2006 will not be allowed. Physicians and pharmacy providers are subject to audits of Synagis records by DMA Program Integrity.

The Synagis Criteria Form and the Request for Medical Review for Synagis Outside of Criteria Form are available on the DMA website at <http://www.dhhs.state.nc.us/dma/prov.htm>

Family Planning Waiver

On October 1, 2005, the N.C. Medicaid program will implement the new Family Planning Waiver program. This is a Medicaid program designed to reduce unintended pregnancies and improve the wellbeing of children and families in North Carolina by extending eligibility for family planning services to eligible women between the ages of 19 through 55 and men ages 19 through 60 whose income is at or below 185% of the federal poverty level.

Objectives of the Family Planning Waiver are:

- Increase the number of reproductive age women and men receiving either Title XIX or Title X funded family planning services by improving access to and use of Medicaid family planning services.
- Reduce the number of inadequately spaced pregnancies by women in the target group thus improving birth outcomes and health of these women.
- Reduce the number of unintended and unwanted pregnancies among women eligible for Medicaid.
- Impact positively the utilization of and “continuation rates” for contraceptive use among the target population.
- Increase the use of more effective methods of contraception in the target population.

Recipients have the freedom of choice in deciding to receive or reject any family planning service.

Eligible Recipients

A new Medicaid eligibility category, MAF-D, has been created for the waiver. The eligible recipient will be identified by a blue Medicaid card with the following statement **“FAMILY PLANNING WAIVER: RECIPIENT ELIGIBLE FOR LIMITED FAMILY PLANNING SERVICES ONLY” (Sample card)**. Only one name will be listed per Medicaid card. Recipients eligible to receive waiver services are not eligible for Medicaid under any other current program.

Eligible recipients are:

- Women age 19 through 55 or men age 19 through 60
- Income at or below 185% of the federal poverty level
- U.S. citizens or qualified alien
- Residents of North Carolina
- Not incarcerated
- Not pregnant
- Not permanently sterilized

Patients who are eligible will be identified by a blue Medicaid card with the following statement “Family Planning Waiver”(See sample below).

MEDICAID IDENTIFICATION CARD																					
09-01-05 to 09-30-05 P.O. Box 111 Any City, NC Zip=12345 CASE ID 10847667 CASEHEAD Jane Recipient		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">CAP</th> <th style="width: 20%;">COUNTY CASE NO</th> <th style="width: 15%;">ISSUANCE</th> <th style="width: 10%;">PROGRAM</th> <th style="width: 10%;">CLASS</th> <th style="width: 20%;">FROM</th> <th style="width: 25%;">THRU</th> </tr> <tr> <td></td> <td>123456</td> <td>08243 S</td> <td>MAF</td> <td>D</td> <td>09-01-05</td> <td>09-30-05</td> </tr> </table>						CAP	COUNTY CASE NO	ISSUANCE	PROGRAM	CLASS	FROM	THRU		123456	08243 S	MAF	D	09-01-05	09-30-05
CAP	COUNTY CASE NO	ISSUANCE	PROGRAM	CLASS	FROM	THRU															
	123456	08243 S	MAF	D	09-01-05	09-30-05															
<div style="border-bottom: 1px solid black; padding-bottom: 5px;"> Eligible Members </div> <div style="padding: 5px;"> Jane Recipient 123-45-6789K </div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">RECIPIENT ID</th> <th style="width: 45%;">ELIGIBLES FOR MEDICAID</th> <th style="width: 10%;">INS NO</th> <th style="width: 15%;">BIRTHDATE</th> <th style="width: 15%;">SEX</th> </tr> <tr> <td>123-45-6789K</td> <td> Jane Recipient *** Family Planning Waiver *** Recipient Eligible For Limited Family Planning Services Only </td> <td>1</td> <td>08-02-1971</td> <td>F</td> </tr> </table>						RECIPIENT ID	ELIGIBLES FOR MEDICAID	INS NO	BIRTHDATE	SEX	123-45-6789K	Jane Recipient *** Family Planning Waiver *** Recipient Eligible For Limited Family Planning Services Only	1	08-02-1971	F				
RECIPIENT ID	ELIGIBLES FOR MEDICAID	INS NO	BIRTHDATE	SEX																	
123-45-6789K	Jane Recipient *** Family Planning Waiver *** Recipient Eligible For Limited Family Planning Services Only	1	08-02-1971	F																	
Family Planning Limited		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">INS NO</th> <th style="width: 10%;">NAME CODE</th> <th style="width: 20%;">POLICY NUMBER</th> <th style="width: 10%;">TYPE</th> <th style="width: 50%;"> SEP 2005 MAF34 10847667 101 Casehead Name 456 Thal Street Thal City, NC 45678 RECIPIENT (Not valid unless signed) (Signature) _____ </th> </tr> </table>						INS NO	NAME CODE	POLICY NUMBER	TYPE	SEP 2005 MAF34 10847667 101 Casehead Name 456 Thal Street Thal City, NC 45678 RECIPIENT (Not valid unless signed) (Signature) _____									
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- There is no co-payment for services received under the Family Planning Waiver program.
- The six prescriptions limit will apply, no overrides allowed.
- All claims will be paid based on Medicaid reimbursement policy.
- Dispensing fees are based on Medicaid policy.
- Providers are not allowed to indicate brand “medically necessary” (DAW=1) for drugs where a generic is available.
- All claims must be submitted via point of sale (POS) and must have one of the approved ICD-9 codes.
- If the recipient receives several antibiotics for different STI’s, all claims must be filled on the same date of service and different ICD-9 codes must be indicated.
- Contraceptives do not require an ICD-9 code.
- Compounds are not covered.

NOTE:

Providers are required to have a FP diagnosis on all prescriptions (excluding contraceptives).

Medication List

All contraceptives are eligible for the Family Planning Waiver and are identified by the family planning indicator on the drug file. In addition, the drugs and strengths identified below are covered if prescribed for one of the STI diagnoses indicated or for postoperative medication. Prescribers are not allowed to indicate brand “medically necessary” (DAW = 1) for drugs where a generic is available.

Birth control pills may be dispensed through a pharmacy. A recipient may receive up to a 3-month supply.

STI MEDICATION LIST

Medications for the Family Planning Waiver program will only be provided by prescription through the pharmacy drug program.

STI DIAGNOSIS	ICD-9 CODE	REIMBURSED ANTIBIOTICS
HERPES		Acyclovir 200mg, 400mg, 800 mg Famciclovir 125mg, 250mg, 500mg Valacyclovir 500mg, 1.0gm
Genital herpes	54.10	
Herpetic vulvovaginitis	54.11	
Herpetic ulceration of vulva	54.12	
Herpetic infection of penis	54.13	
Other	54.19	
CHLAMYDIA		Azithromycin , 250mg, 500mg, 1gm Doxycycline 100mg Erythromycin 250mg, 400mg, 500mg, 800mg Ofloxacin 200mg, 300mg, 400mg Levofloxacin 500mg Tetracycline 250mg
Other specified diseases due to Chlamydia	78.88	
Other venereal disease, Chlamydia trachomatis	99.41	
Other venereal disease, Lower GU site	99.53	
SYPHILIS		Azithromycin 1gm Benzathine penicillin G 2.4 million units Ceftriazone 250mg Ciprofloxacin 500mg Doxycycline 100mg Erythromycin 500mg Tetracycline 500mg
Genital syphilis (primary)	91.0	
Primary anal syphilis	91.1	
Other primary syphilis	91.2	
Early syphilis, latent, serological relapse after treatment	92.0	
Early syphilis, latent, unspecified	92.9	
GONORRHEA		Azithromycin 250mg, 500mg, 1gm Cefixime 400mg Ceftriaxone 125 mg, 250mg, 500mg Ceftizoxime 500mg Cefotaxime 500mg Cefoxitin 2gm with probenecid 1gm Ciprofloxacin 250mg, 500mg Cefpodoxime 200 mg Gatifloxacin 400mg Levofloxacin 250mg Lomefloxacin 400mg
Acute, of lower GU tract	98.0	
Gonococcal infection (acute) of upper GU tract, site unspecified	98.10	
Gonococcal cystitis (acute)	98.11	
Gonococcal prostatitis (acute)	98.12	
Gonococcal epididymo-orchitis (acute)	98.13	
Gonococcal seminal vesiculitis (acute)	98.14	
Gonococcal cervicitis (acute)	98.15	
Gonococcal endometritis (acute)	98.16	
Gonococcal salpingitis, acute	98.17	

Other	98.19	Norfloxacin 800mg Ofloxacin 400mg Spectinomycin 2gm Sulfamethoxazole/TMP
Chronic, of lower GU tract	98.2	
Chronic, gonococcal infection of upper GU tract, site unspecified	98.30	
Gonococcal cystitis, chronic	98.31	
Gonococcal prostatitis, chronic	98.32	
Gonococcal epididymo-orchitis, chronic	98.33	
Gonococcal seminal vesiculitis, chronic	98.34	
Gonococcal cervicitis, chronic	98.35	
Gonococcal endometritis, chronic	98.36	
Gonococcal salpingitis (chronic)	98.37	
Other	98.39	
Gonococcal arthritis	98.50	
Gonococcal synovitis and tenosynovitis	98.51	
Gonococcal bursitis	98.52	
Gonococcal spondylitis	98.53	
Other	98.59	
Gonococcal infection of pharynx	98.6	
Gonococcal infection of anus and rectum	98.7	
OTHER VENEREAL DISEASE		Azithromycin 250mg, 500mg, 1gm Doxycycline 100mg Erythromycin 500mg, 800mg Gatifloxacin 400mg Levofloxacin 250mg, 500mg Ofloxacin 200mg, 300mg, 400mg
Non-gonococcal urethritis, unspecified	99.40	
CANDIDIASIS		Butoconazole 2% cream Miconazole 200mg suppository Terconazole 80mg suppository Terconazole cream 0.4%, 0.8%
Of vulva and vagina	112.1	
Of other urogenital sites	112.2	
TRICHOMONIASIS		Metronidazole 250mg, 500mg, 750mg, 2gm Tinidazole 2000mg
Urogenital trichomoniasis, unspecified	131.00	
Trichomonal vulvovaginitis	131.01	
Trichomonal urethritis	131.02	
Trichomonal prostatitis	131.03	
Other	131.09	
Other specified sites	131.8	
Trichomoniasis, unspecified	131.9	
PUBIC LOUSE		Permethrin 5% cream Lindane 1% shampoo
Phthirus pubis	132.2	

NOTE:

For additional information regarding STI infections and diagnosis, refer to the Center for Disease Control (CDC) Sexually Transmitted Diseases Treatment Guidelines.

POSTOPERATIVE STERILIZATION MEDICATION LIST

Medications for the Family Planning Waiver program will only be provided by prescription through the pharmacy drug program. **All prescriptions for postoperative sterilization medications must include a V25.2 diagnosis.**

STERILIZATION PROCEDURE		REIMBURSED ANTIBIOTICS
VASECTOMY		Amox TR-K CLV 500-125mg, 1000-62.5 Amoxicillin 250mg, 500mg Cephalexin 250mg, 500mg Ciprofloxacin HCL 250mg, 500mg Doxycycline 100mg Erythromycin ES 400mg Levofloxacin 500mg Metronidazole 500mg Penicillin VK 500mg Sulfamethoxazole/TMP DS Azithromax 250mg
Vasectomy, unilateral or bilateral (including postop semen examination(s))		
Ligation of vas deferens, unilateral or bilateral		
TUBAL LIGATION		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral		
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach		
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)		
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)		
STERILIZATION PROCEDURE		REIMBURSED ANALGESICS
VASECTOMY		Acetaminophen/Cod #2, #3 Hydrocodone/Apap 2.5/500, 5/325, 5/500, 7.5/325, 7.5/500, 7.5/650, 7.5/750, 10/325, 10/500, 10/650,, 10/660, 10/750 Ibuprofen 400mg, 600mg, 800mg Ketorolac 10mg Naproxen 500mg Naproxen Sodium 550mg Oxycodone 5mg Oxycodone w/Apap 2.5/325, 5/325, 5/325, 7.5/325, 7.5/500, 10/325, 10/650 Propoxy-N/Apap 65/650, 100-650
Vasectomy, unilateral or bilateral (including postop semen examination(s))		
Ligation of vas deferens, unilateral or bilateral		
TUBAL LIGATION		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral		
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach		
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)		
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)		

STERILIZATION PROCEDURE		REIMBURSED ANALGESICS
VASECTOMY		Promethazine 25mg
Vasectomy, unilateral or bilateral (including postop semen examination(s))		
Ligation of vas deferens, unilateral or bilateral		
TUBAL LIGATION		
Ligation or transaction fallopian tubes abdominal or vaginal approach, unilateral or bilateral		
Occlusion of fallopian tube(s) by device vaginal or suprapubic approach		
Laparoscopy surgical; with fulguration of oviducts (with or without transaction)		
Tubal ligation by laparoscopic surgery with occlusion of device (band, clip or Falope ring)		

Medicare Part D Provider Marketing Guidelines Now Available

The final version of the Medicare Part D Marketing Guidelines is now available from the Centers for Medicare and Medicaid Services and can be found at <http://www.cms.hhs.gov/pdps/>. The Guidelines include information on what pharmacists can and cannot do when assisting beneficiaries with prescription drug plan (PDP) selection.

Pharmacy providers contracted with Plans and their subcontractors **can**:

- Provide the names of Plans with which they contract and/or participate.
- Provide information and assistance in applying for the limited income subsidy.
- Provide objective information on specific Plan formularies, based on a particular patient's medications and health care needs.
- Provide objective information regarding specific Plans, such as covered benefits, cost sharing, and utilization management tools.
- Distribute PDP marketing materials, including enrollment application forms.
Note: Providers must inform individuals where they can obtain information on all available options within the service area (i.e., 1-800-MEDICARE or <http://www.medicare.gov/>).
- Distribute Medicare Advantage (MA) and/or Medicare Advantage-Prescription Drug (MA-PD) marketing materials, excluding enrollment application forms.

Note: Providers must inform individuals where they can obtain information on all available options within the service area (i.e., 1-800-MEDICARE or <http://www.medicare.gov/>).

- Refer their patients to other sources of information, such as the State Health Insurance Assistance Programs, Plan marketing representatives, CMS's website at <http://www.medicare.gov/>, or calling 1-800-MEDICARE.
- Print out and share information with patients from CMS's website.
- Use comparative marketing materials comparing plan information created by a non-benefit/service providing third party (See Section 10 of the Guidelines under Marketing of Multiple Lines of Business, Non-Benefit/Service-Providing Third Party Marketing Materials).

Pharmacy providers contracted with Plans and their subcontractors **cannot**:

- Direct, urge, or attempt to persuade, any prospective enrollee to enroll in a particular Plan or to insure with a particular company based on financial or any other interest of the provider (subcontractor).
- Collect enrollment applications.
- Offer inducements to persuade beneficiaries to enroll in a particular plan or organization.
- Health screen when distributing information to patients, as health screening is a prohibited marketing activity.
- Offer anything of value to induce Plan enrollees to select them as their provider.
- Expect compensation in consideration for the enrollment of a beneficiary.
- Expect compensation directly or indirectly from the Plan for beneficiary enrollment activities.
- The Guidelines are provided to help pharmacists assist beneficiaries with prescription drug plan selection and to also ensure that plan selection is in the best interest of the beneficiary.

Change in Pharmacy Co-Pay

Effective November 1, 2005, the co-pay for Medicaid prescriptions will change to **\$3.00 for generic** drugs. Brand name drugs will remain \$3.00. All co-pay rules will remain the same.

Providing Compounded Prescriptions for Medicaid Recipients

Medicaid pharmacy providers providing compounded prescriptions to the general public may not exclude Medicaid recipients from receiving compounded prescriptions from their pharmacies. Medicaid pharmacy providers that are the pharmacy of record must take the necessary steps to ensure that Medicaid recipients receive prescribed medications within the month of record including prescribed medications that require compounding. If the ingredients required for the compounded prescription are not available, the pharmacy of record must assist the Medicaid recipient with locating a pharmacy that has the ingredients necessary to fill the prescribed compounded prescription.

Changes in Drug Rebate Manufacturers

Additions

The following labeler has entered into a Drug Rebate Agreement and joined the rebate program effective on the date indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
15020	GSP Company	September 9, 2005

Provider Services and Enrollment Change of Address

This is a reminder that Medicaid providers must report all changes to DMA using the Medicaid Provider Change Form located at DMA's website:

<http://www.dhhs.state.nc.us/dma/forms.html#prov>

This includes change in address and phone, but providers now can also include a fax number and e-mail address.

The Provider Services and Enrollment Section of the Division of Medical Assistance has moved. Certified mail, UPS, or Federal Express deliveries that require a street address should be sent to the following address:

DMA Provider Services
Attn: *First Name Last Name*
801 Ruggles Drive
Raleigh, NC 27603

The mailing address and telephone numbers will remain the same:

DMA Provider Services
Attn: *First Name Last Name*
2501 Mail Service Center
Raleigh, NC 27600-2501
919-855-4050

NCLeads Update

Information related to the implementation of the new Medicaid Management Information System, *NCLeads*, scheduled for implementation in mid-2006 can be found online at <http://ncleads.dhhs.state.nc.us>. Please refer to this website for information, updates, and contact information related to the *NCLeads* system.

Checkwrite Schedule

September 07, 2005
September 13, 2005
September 20, 2005
September 29, 2005

October 11, 2005
October 18, 2005
October 27, 2005

November 08, 2005
November 15, 2005
November 23, 2005

Electronic Cut-Off Schedule

September 02, 2005
September 09, 2005
September 16, 2005
September 23, 2005

October 07, 2005
October 14, 2005
October 21, 2005

November 04, 2005
November 11, 2005
November 18, 2005



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